



8TH ANNUAL STATEWIDE FAMILY CONFERENCE

For families of children who are hard of hearing, deaf,
deafblind, and deaf with additional disabilities

“EMPOWERING 21ST CENTURY LEADERS & LEARNERS”

Medical Consent Form

MARCH 12-14, 2010

Madison Concourse Hotel

Medical Consent Form Complete for Each Child

Child Name: _____ DOB: _____

Name of Insurance Company: _____

Address (street, city, state, zip): _____

Policy #: _____ Group #: _____

Allergies: _____

Medications: _____

Who will administer medications? Will any be needed throughout the course of
the day on Saturday? _____

Medical concerns: _____

**As the parent/legal guardian of the above named student, I give
consent/permission for:**

☐ Yes ☐ No Nearest hospital to provide necessary medical and/or emergency
care.

☐ Yes ☐ No Emergency ambulance service for which parents/legal guardian
will pay.

Parent/Guardian Signature: _____ Date: _____